

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services 401 Hungerford Drive, 1st Floor Rockville, Maryland 20850-2368 240-777-3986 Fax 240-777-3088

ENTERPRISE LICENSE APPLICATION

Application is hereby made for a license to operate an enterprise in Montgomery County, Maryland

| New □ | Renewal | | | | TODAY'S DATE | |
|---------------------------|-------------------------|----------------------|------------------------|---------------|---|-------------------|
| Name of Esta | ablishment: | | | | | |
| Location of I | Establishment: | | | | | |
| Location of 1 | ista o nominatione. | Street 1 | Number and Street Name | | | |
| | | | | | _ Telephone Number: | |
| City | | State | | Zip Code | _ 10.000.0001.00.000. | include area code |
| Name of Ow | ner: | | | | | |
| | | | | | | |
| 11001000 01 0 | | Street l | Number and Street Name | | | |
| | | | | | Telephone Number: | |
| City | | State | Zip Code | | Telephone Number: | include area code |
| Type of Ente | rprise: | | C | apacity | of Establishment: | |
| JI | | | Types of Enterprises) | · r · · · · J | | |
| Signature: | | | | | Title: | |
| Printed Name | e of Above Sig | gnature: | | | | |
| Fee Informat | ion: <i>Please refe</i> | r to Enterprise Fact | t Sheet | | | |
| 1 st Floor, Ro | ckville, Maryla | ınd 20850 - Pa | | by chec | gulatory Services, 401 Huck or money order payabl | |
| | | | OFFICE USE (| ONLY | | |
| | iber: | | | | | |
| | l: v Order Numb | | | | Date Expires: _ Record Number | |
| uneck//vione | v order Nilmh | er: | | | kecora Niimbe | L. |